

If so, please state relationship and whom:

# 2019 House Page Application

					Application	on Date:		
DIRE	CTIONS:							
If you applica	are interested in serving antion.	as a House	Page during the 2	019 Session, pl	ease carefull	ly review and	d complete the ent	ire
All apı	plications must be complete ents:	ly filled out	to be considered fo	or appointment a	as a House Pa	age and inclu	de all of the followi	ng
2.	Completed application (pl Short essay Current color photo of the		per to save, print, a	nd sign)				
	eted applications should be will be notified of their appo				ring the stude	ent for the Mo	ember's signature.	<b>4</b> 1]
Signat	cure of Representative:							
	ICANT INFORMATION:	;						
Name	(Last)		(First)	(MI)	(1	Preferred)		
Date o	of Birth:		<u> </u>		Gender:	Male □	Female□	
Count	ry:		S	Social Security	Number: _			
Addre								
	(Street or P.O. Box)							
(City)		(State)	(Zip Code)	(County)				_
Cell P	hone:		Home 1					
	(Include Area Code)			(Include	e Area Code)			
E-Mai	d Address:							_
A ma ***	yy volatad ta a Mambar of	tha Nauth C	lamalina I agislatu		□ Voc		□ No	

#### **APPLICANT ELIGIBILITY:**

Age:	GPA:	_ Current Sc	hool:		
Grade Level	l:	Currently, are you in good academic standing			
If serving du	uring the academic year, did y	ou obtain pric	or approval fr	om your school?	
Have you ev	ver served as a House Page?	☐ Yes	□ No	If yes, what year?	
Have you ev	ver served as a Senate Page?	☐ Yes	□ No	If yes, what year?	

### **APPLICANT AVAILABILITY:**

PLEASE SPECIFY YOUR <u>FIRST</u>, <u>SECOND</u>, <u>AND THIRD PREFERENCES</u> FOR THE DATES YOU WOULD LIKE TO SERVE. ALSO, INDICATE IF YOU <u>CANNOT</u> SERVE DURING A PARTICULAR WEEK. NOTE: Weeks are filled on a first-come, first-served basis. Before completing the preference list, please refer to the House Page website to determine current availability. All weeks are APPROXIMATE, as the legislative schedule is subject to change.

WEEK	DATES OF SERVICE	PREFERENCE	CANNOT SERVE
	(Approximate)	(Indicate 1 <sup>st</sup> through 3 <sup>rd</sup> choice)	(Check if applies)
Week 1	February 4 - 7		
Week 2	February 11 - 14		
Week 3	February 18 - 21		
Week 4	February 25 - 28		
Week 5	March 4 - 7		
Week 6	March 11 - 14		
Week 7	March 18 - 21		
Week 8	March 25 - 28		
Week 9	April 1 - 4		
Week 10	April 8 - 11		
Week 11	April 15 - 18		
Week 12	April 22 - 25		
Week 13	April 29 - May 2		
Week 14	May 6 - 9		
Week 15	May 13 - 16		
Week 16	May 20 - 23		
Week 17	May 28 - 30		
Week 18	June 3 - 6		
Week 19	June 10 - 13		
Week 20	June 17 - 20		
Week 21	June 24 - 27		
Week 22	July 8 - 11		
Week 23	July 15 - 18		
Week 24	July 22 - 25		
Week 25	July 29 - August 1		
Week 26	August 5 - 8		
Week 27	August 12 - 15		
Week 28	August 19 - 22		
Week 29	August 26 - 29		

RECOGNITION:	
Local Newspaper:	
NAME AS IT SHOULD APPEAR:	
Nametag: Certificate	::
ESSAY REQUIREMENT:	
In addition to the application, program applicants are required to submit a their interest in, and reasons for, applying to the House Page Program. So do you wish to participate in the 2019 House Page Program?" It should question.	Specifically, the essay should answer the question, "Why
PHOTO REQUIREMENT:	
Each applicant <b>must</b> provide a current color photo on a separate sheet of the photo should be appropriate for use during an emergency. If the appropriate photo is the one that will be released in conjunction with that press released in conjunction with the pressure that the conjunction with the conjunctio	oplicant agrees to a press release to the local newspaper,
ACCOMMODATIONS:	
If selected, would you need to stay with a host family?	☐ Yes ☐ No
PARENT/LEGAL GUARDIAN INFORMATION:	
Parent/Guardian Name:	Cell Phone:
Occupation:	Work Phone:
Parent/Guardian Name:	Cell Phone:
Occupation:	Work Phone:
Emergency Contact Name:	Phone:

#### **GUIDELINES AND PROVISIONS:**

Please carefully review the following information.

- Program participants are expected to participate in all scheduled events and activities.
- Participants are not permitted to leave any of the program activities without explicit authorization of the program advisor.
- Program participants are expected to adhere to a professional dress code. Pages that do not follow the dress code will not be allowed to participate in program activities and may be sent home.
- Program participants are responsible for all personal costs associated with participation in the program.
- Program participants have the option to be paid a stipend or receive community service credit. Pages that opt for a stipend will be paid a total of \$150.00 for one week of service. Pages who opt to receive community service will be credited 30 hours in accordance with that Page's school policy.
- If the legislature adjourns prior to the completion of the program, the remaining appointments will be cancelled and affected program participants will be notified.

## **ACKNOWLEDGEMENT:**

		tion provided above and meet the age requirement ormation provided above is true and accurate to	_
Applicant Printed Name		_	
Applicant Signature		Date	
PARENTAL/LEGAL GUARDI	AN CONSENT:		
I. SECTION 1 – Release and/or	Publication of Photograph		
	child's photograph to be cons	idered for submission to the local newspaper	
Page Program promo	ntional materials and on the well sent for my child's photograph	d, while serving as a Page, to be used for House bsite.  to be used for any purpose other than for the	
II. SECTION 2 – Program Parti	cipant Consent		
Additionally, your signature will so	erve to acknowledge agreement e signature below will serve as	ormation provided above has been reviewed wit to the rules and guidelines set forth by the House explicit consent and permission for him or her	e Page Progran
Parent or Legal Guardian Printed	Name		
Parent or Legal Guardian Signatu	ure	Date	
EOD OEDICE HEE ONLY			
FOR OFFICE USE ONLY  Received:	Appointment Date:	Appointment Letter Sent	